



Updates from 2004-2005 Legislative Session

Iowa continues to be innovative and comprehensive in its approaches to support children ages 0-5. During the 2004-2005 legislative session, there was much activity, learning, policy and financial support given to early childhood issues. Because of its priority, early childhood was able to net over \$21.1 million of additional spending for early childhood education. The numbers reflect an additional \$10.4 million for Community Empowerment and an additional \$10.75 million for child care. Below are a few of the highlights for the additional dollars:

- Implement a quality rating system;
- Raise reimbursement rates for child care providers to the 2002 Market Rate Survey (*effective September 1, 2005*);
- Raise the child care subsidy eligibility for families from 140% to 145% of the Federal Poverty Level (*effective September 1, 2005*);
- Raise the child care subsidy eligibility for families of children with special needs to 200% of the Federal Poverty Level (*effective September 1, 2005*).

Some of the specifics affecting Community Empowerment Areas include:

- \$4.65 million of the State General Funds are targeted to support low income preschool tuition
- \$1 million will support professional development activities between the Iowa Empowerment Board, community colleges and the area education agencies
- The Early Childhood Funds (federal source) remained status quo at \$7.35 million
- Healthy Iowan's Tobacco Trust (HITT) Funds remained the same as FY'05 funding at \$2.15 million

Early Childhood Coordinated Leadership

Legislation from the 2005 session stated the need to identify boards, commissions, committees and other bodies in state government with overlapping and similar purposes which contribute to the redundancy and fragmentation in the early care, education, health and human services programs.

To begin the process, the Iowa Empowerment Board convened a group of leadership (chair and/or vice chair) and a staff person for the following bodies. These groups were selected because they exist either by state or federal mandate. The group convened represents:

- Child Development Coordinating Council (CDCC)
- Family Development and Self Sufficiency (FaDSS) Council
- hawk-i Board
- Head Start State Collaboration Office Advisory Team
- Iowa Council for Early ACCESS
- Iowa Empowerment Board
- Maternal and Child Health Advisory Council
- Mental Health, Mental Retardation, Developmental Disability and Brain Injury Commission (MH/MR/DD/BI Commission)

- Prevention of Disabilities Policy Council
- State Child Care Advisory Council

The purpose of the meeting was to begin a dialogue about coordination and collaboration between early childhood councils and boards, integrate services for improved results, integrate statewide quality standards and result indicators, and discuss the integration of funding streams. The group pulled together a document that includes an outline of the purpose, membership make-up, legislative mandate purpose and data collected for each group represented. The Iowa Empowerment Board and the State Empowerment Technical Assistance Team are using the input from the booklet and the first meeting to make recommendations and provide an annual strategic plan to the Governor and the General Assembly.

In January 2006, we brought the group together again. We continued the conversations we began at our fall 2005 meeting and began to identify high-level strategies to move forward. These strategies will be provided to the legislature through the initial beginnings of a strategic plan that address issues of fragmentation, redundancy, and inefficiencies.

Child Care Incentives Study

The Iowa Child Care Workforce Retention & Recruitment Study was conducted between August 1, 2005 and December 31, 2005 to examine the effect of incentives on retention and recruitment of the child care workforce and child care businesses, as described in HF 761, 2005 Iowa General Assembly. In response to this legislation, the Iowa Empowerment Board worked with Iowa State University to complete a majority of the work necessary to meet the needs of creating this study. As part of the process a group of professionals with expertise in the field was convened to assist with methodology development and the review of data.

Incentives were broadly defined to include compensation, employee benefits, bonuses, training, scholarships, other financial supports, and technical assistance/mentoring.

The information within the study includes results from child care center directors and family home business owners; early childhood education practitioners providing care in centers and those offering care in their homes; active child care practitioners and those who have left the profession of direct care to children within the last 12 months; and best practice facilities and practitioners, including those receiving Head Start funding, Shared Visions funding, or operating under the auspices of a community public school system. Another aspect of the study will include an analysis of the rural versus urban breakdown of the data. It is the intent that this will show meaningful differences between the needs/interests of rural and urban early childhood education practitioners.

It has been important that the Empowerment Board be involved in determining the policy implications and recommendations included in the final report, after reviewing results of the statistical analyses. They were presented with the progress on the report at their board meeting in November and will review the final report in January 2006. In its final format, it will include appendices that briefly explain databases used for analysis, show a map of 2 and 4 year early childhood teacher education programs in the state, and a National Association for the Education of Young Children chart showing initiatives by nine states to provide wage supplements for their early care and education workforce.

Because young children learn best in child care environments that allow them to develop lasting warm relationships with the adults who care for them (Cummings, 1980; Howes, 1988); and because lower wages and education levels for child care practitioners are associated with higher levels of professional turnover and poor child care quality both at entrance to kindergarten (Peisner-Feinberg & Burchinal, 1997) and in later elementary years (Peisner-Feinberg, Burchinal, Cliffeord, Culkin, Howes, Kagan & Yazejian, 2001), the Iowa Empowerment Board applauds the Iowa Legislature for their insight in calling for this study and are looking forward to providing an invaluable resource in looking at the issue of recruitment and retention of Iowa's early care & education workforce.

An electronic version of this report is available through the state Empowerment website. If you wish, a presentation could be made to a legislative body with specifics about this survey.

Early Childhood Website Report/Recommendations

**Prepared by Susan Salter, Salter Solutions
December, 2005**

Legislative Requirement:

The Iowa Empowerment Board was directed by the Legislature to provide for the operation of an internet webpage for purposes of widely distributing early care information provided by the departments represented on the board and the public and private agencies addressing the early care system.

The legislation mandated that information provided on the Internet webpage shall include but is not limited to all of the following:

- a. The early learning standards for children ages three to five proposed by the early learning standards group.
- b. A link to a special webpage directed to parents, including parent specific information on early care, information regarding the early childhood developmental credits, and links to other resources available on the Internet and from other sources.
- c. Program standards for early care that have been approved by state agencies.
- d. A single point of contact for use by a parent in accessing the community empowerment area programs and early care programs that are available in the parent's area.

In order to assist the Empowerment Board in the development of this webpage and to assure its use by Iowa parents, we gathered information from service providers and from parents regarding the content and the efficacy of such a webpage. Two focus groups of providers were brought together, enabling us to get input from sixteen individuals who are involved in providing services to families of young children. Telephone interviews were conducted with twenty-two parents, representing various ethnic groups and socio-economic groups.

Project Detail:

The first question that parents were asked was to describe their use of the Internet. With one exception, respondents reported accessing the Internet at least several times per week. The one exception reported Internet access only through the public library, which

limited her use to once or twice a week. All parents interviewed, regardless of ethnic group or socio-economic status, described a high comfort level with Internet use. Many mentioned the convenience of using the Internet when their children were sleeping, either during the day or at night. None of the parents expressed any concern or reluctance regarding online applications for services or resources. Almost all had experience with making purchases online and felt that it was a safe and convenient way to do most kinds of business.

Rather than discussing the ideas that emerged from the providers separately from those that emerged from the parents, we will attempt to discuss the broad ideas and note where there were variances between the responses of providers and those of parents. In fact, there was general agreement on the kinds of resources that should be available to parents through this webpage.

Although the early learning standards are a required component of this webpage, parents were not familiar with this concept. This information would be helpful to them only if it were explained in easily understood language. The standards would have to be put into a recognizable context, so that parents would understand how to use them.

The legislation requires that information be made available regarding childcare, and providers felt strongly that there should be information that would guide parents in their search for quality childcare, such as information about the Quality Rating Scale that the state has adopted. Parents were generally not sure how they would be able to use this kind of information, although they readily acknowledged that finding good childcare is a high priority for them. They would need clear guidance on how this information could and should be used.

There was universal agreement that the website should provide information about healthy child development and about health-related issues. Parents almost universally requested that there be information about typical childhood illnesses that would guide them in deciding when to go to a doctor. Providers felt strongly that there should be accurate information on health and nutrition, including information about immunizations. Both groups agreed that information about environmental safety and consumer safety would be very helpful. One parent suggested that there could be a way to post a question and get an answer from an expert.

Related to this, parents and providers alike thought it would be helpful to have information relative to common parenting issues. Parenting information might include guidance regarding toilet training, bedtime, mealtime, shopping, and other typically challenging issues. This section should also include a way to find support or resources if the parent continues to have difficulty with managing these behaviors. This is where a link would have to be provided to some listing of services available in the community where the parent lives.

Parents and providers both suggested that this website would be most useful if it included resources and information for pregnant women and expectant fathers. Most parents indicated that they located their childcare before the child was born, and that was when that type of information would have been helpful. Some parents also mentioned that it would have been helpful to find information about childbirth options and about breast-feeding at the time when those decisions were being made.

Parents were particularly interested in ways to connect with other parents and get information from them about parenting, as well as shopping information and information regarding services or programs that others had found helpful. This was particularly true for parents who had a child with some type of special need. They were very interested in talking with other parents who were dealing with similar issues. They discussed the idea of “message boards,” where a particular topic could be discussed and where they could ask for information from other parents about where to find something. We were surprised by how many times shopping issues came up as an area of concern. This related to the expenses involved in buying equipment and clothing for young children and the need to know where to find free or low-cost items. One parent suggested a “swap shop bulletin board,” where parents could trade used clothing and equipment. Another suggestion was getting stores to offer discounts to families who use the webpage.

Parents also raised the issue of connecting with their preschool age child's future school. One parent mentioned that her urban school district has a “welcome center,” where new parents can go to find out about which building their child will attend and to get information about the school's expectations regarding skills the child should have when they start kindergarten. She suggested that an “online welcome center” would be a convenient way to connect with the school district and get useful information. She thought the school could then provide online educational games or activities that parents could use to increase their child's skills. She pointed out that many parents don't know which building their child will attend and don't know when or where to register their child for school. This would give them a comfortable and convenient way to get the information they need before the child starts school.

Some low-income families mentioned the need for information about where and how to get services like food, clothing and medical care. They wanted information about what services were available, who qualified, and how to apply. They mentioned needing to know which medical providers in the community accept Title 19. It was important that complete information was available and easy to understand, especially relative to applying for health insurance or other resources. If they had to go to an office to apply, they wanted directions for how to get to the office. If they had to take certain papers with them, they wanted to know that in advance, so that they didn't have to make an additional trip. They were enthusiastic about having the option of applying for resources online, because it was so much more convenient than finding transportation and childcare in order to go to an office during the day.

Each parent was asked how families might find out about this website, and many had good suggestions. Most felt the doctor's office was a very good way to give out information about the website, particularly if this was done during pregnancy. They also suggested that all schools, preschools, and daycare centers send out flyers with information about the webpage address. Churches were also suggested as a means of getting the information out, and libraries, where some families go for Internet access, were also mentioned.

Both parents and providers were asked to comment on any structural issues regarding the webpage. Providers were concerned that all information be written at a level that is accessible to most parents. Ideally, most information could be made available in other languages besides English. Both groups mentioned the frustration with sites that are not updated regularly or that have links that are out-dated or out of service.

There will need to be a process, by zip code or some other identifier, to get families into their local point of contact. This was specified in the legislation and will require a local website that posts Community Empowerment activities and programs, as well as helping families to locate services and activities in their own community.

Parents expressed a desire for any webpage to be easy to use and responsive to simple key word searches. They like a site to be visually attractive and easy to read. One parent mentioned babycenter.com as a site she enjoyed. Others mentioned using the Disney site and the webMD site. There may be elements of these sites that can inform the design of this early childhood site.

Since each public agency has a website, there may be some pieces that are already in place and can be shared. The goal of the legislation appears to be a single point of contact that parents know about and can easily access, so we need to create the most uncomplicated way to link parents to all the things they might need to enhance their ability to care for their child.

Recommendations:

Based on the information shared by parents and by providers, I would make the following recommendations:

- Design a site that is visually interesting, easy to read, and has a simple key word search.
- Provide a translation service.
- Assure that the items required by the legislation are accessible and made understandable for parents.
- Create an easy way for users to get to a site that has specific information about their own community services and resources.
- Provide guidance on finding quality childcare, including information about financial assistance.
- Link to a reliable site for medical information.
- Provide or link to developmental information and basic parenting information. Include information on how to find expert support if needed.
- Provide information and eligibility guidelines for all relevant services or links to that information. (Health care, health care coverage, free medical services, food and housing assistance, employment assistance, etc.)
- Link to the family's local school district, if possible.
- Consider some type of message board or chat room that would allow parents to network with one another.
- Assure that this site and the local site are updated regularly with accurate information.
- Develop a marketing plan for building awareness of this site.

Once this site is developed and marketed, it would be useful to survey users to see how it is being used and if it is meeting the spirit of the legislation. Parents could suggest additions or modifications at that time, and the site can be built upon indefinitely. There is a danger in trying to put too much on this site, making it too complicated to be useful. The initial aim should be a simple, user-friendly site that helps parents to get basic information that they have indicated they want.

Providers came up with many excellent ideas of topics and information that could be included on this website, and those ideas should not be lost. Those lists should be kept and revisited on a regular basis. Using the feedback from parents who use the site those ideas can be prioritized and, if deemed appropriate and useful, they can be added to the site in stages.

Ultimately, we would hope that parents could not only read about resources on this site, but access them by completing an application online, thus having convenient access to all the things a family needs to flourish: a safe, comfortable home, adequate food, medical care, and safe, nurturing environments for children in care or educational settings.

Iowa Quality Rating System

In 2005, the Iowa Legislature advanced, for the betterment of Iowa's children, HF761, which among other etchings directed the Department of Human Services to work in partnership with the Office of Empowerment in establishing Iowa's Quality Rating System (QRS) for child care providers. A QRS is an effort to establish, by voluntary participation, a rating for the quality of care provided - based on a menu of key indicators related to professional development, environment, health and safety, leadership and administration, and family and community involvement.

Upon passage of the legislation, the Department of Human Services convened an Oversight Team comprised of representation from the Departments of Education, Humans Services, Public Health, Management (Empowerment), Iowa State University Extension, Child Care Resource and Referral, the State Child Care Advisory Council, and the provider community. The Oversight Team is charged with implementation issues related to administration of the QRS system, forms development, and marketing/communication. The QRS is targeted for implementation February 1, 2006. The QRS represents a solid first step towards increasing the quality of care provided to our youngest children, offering child care providers a menu of key steps they can take in improving the care they provide, and making available additional tools for parents to use in selecting care.

Healthy Opportunities for Parents to Experience Success (HOPES) Healthy Families Iowa (HFI)

Funding and support for HOPES-HFI was established in 1992 through legislation with funds distributed to ten counties identified as having the highest needs. State funds at that time were allocated to the Iowa Dept. of Public Health for contract management. In FY04 the Department of Human Services initiated a contract with the Iowa Department of Public Health for \$200,000 of federal Temporary Assistance for Needy Families (TANF) funds to expand the HOPES-HFI grant after a reduction in state grant allocation for HOPES-HFI. As an effort to promote collaborative efforts to integrate all Early Childhood programs, in FY06 legislation was changed requiring transfer of funds from IDPH to the Office of Empowerment. IDPH continues to assist with contract management of the funds.

Healthy Families Iowa Goals

- Promote optimal child health and development
- Improve family coping skills and functioning
- Promote positive parenting and family interaction
- Prevent child abuse and neglect, as well as infant mortality and morbidity

Program Description

- Voluntary home visiting program following HFA standards (critical elements).
- Provides support to overburdened (high risk) families – prenatal and with children up to age 4 years.
- Identifies families through a standardized screening process.
- Identify barriers and develop an individual family support plan (family goals) based on the family's strengths and needs.
- Support given to families:
- Presently there are 13 program sites in nine counties: Black Hawk, Buchanan, Clinton, Hamilton, Lee, Muscatine, Polk, Scott, Woodbury
- 60% of funding for programs was provided through community resources
- 10 of the 13 programs receive additional funding from Community Empowerment

Performance Measures

Input:

- State Grant funds: \$570,816
- TANF funds: \$200,000
- In-kind/cash: \$1,150,264

Output:

- Number of Home Visits: 9,922
- Number of Families served: 885
- Number of Direct Service hours: 61,208

Quality:

- Number of families offered HOPES-HFI and enrolled: 390
- Average number of months families participated: 16

Efficiency:

- Average annual cost per family: \$2,171
- Outcomes:
- Prenatal care received: 93% received five or more prenatal care exams
- Target children with Health Insurance Coverage: 98%
- Target children Immunized per schedule: 82%
- Percent of families with no child abuse/denial of care: 96%

Alignment with the vision and goals of the ECI Strategic Plan

Children Ready to Succeed in School

- Developmental Screenings - 77% of children received screenings Early ACCESS referrals
- 90% identified as suspected/potential delay referred to Early ACCESS

Healthy Children

- Medical home - 99% of children with Medical Home
- Preventative health exams - 93% of that received exams per schedule
- Social/emotional issues – 79% of families identified, report issues as improved or resolved

Secure and Nurturing Families

- Child abuse/denial of care rate – 4%

Secure and Nurturing Early Care and Education Environments

- Families are linked with community resources for quality child care
- Preschool recommended for three year olds - 50% attend preschool
- All Family Support Workers are HFA trained - 2 trainings offered in 2005

Safe and Supportive Communities

- Linked with community resources for employment, education, domestic violence/abuse services, family activities, housing, crisis child care, transportation.

Community Highlights

I. Community Partnership Development -

The HOPES program has worked closely with the Community Action Agency of Siouxland during the past year by referring homeless clients to a shelter. The shelter provides clients with an excellent opportunity to save money that will be matched for use as a deposit on an apartment of their own. Many HOPES clients with older children have also been referred to the community action agency for enrollment in the Head Start Program. In addition, several HOPES clients have utilized the community action agency's food bank. The community action agency has been an excellent resource for many families in the HOPES program.

II. Family Success Story -

The family support worker (FSW) did a pre-Denver screening on a 24 month old and found a caution on language development. The FSW then worked with the parents on various strategies and practices to stimulate language development such as reading and talking to their child. At the next screening, despite efforts by FSW and the parents, the child continued to be delayed. The parents gave the FSW permission to contact the Area Education Agency (AEA). Since the family only speaks Spanish, the initial visit by AEA was set up so the FSW could interpret for them.

This seemed also to set Mom more at ease with the AEA therapist and nurse. The child seemed to AEA to be somewhat delayed and the speech therapist has been seeing him twice a month with an interpreter or the FSW present. The child now looks forward to the visits of AEA and the parents have been able to learn various ways to improve their child's development and have been appreciative of the services offered to their family.

A complete HOPES-HFI Annual Report is located at www.idph.state.ia.us.